RadPath

1.28.13

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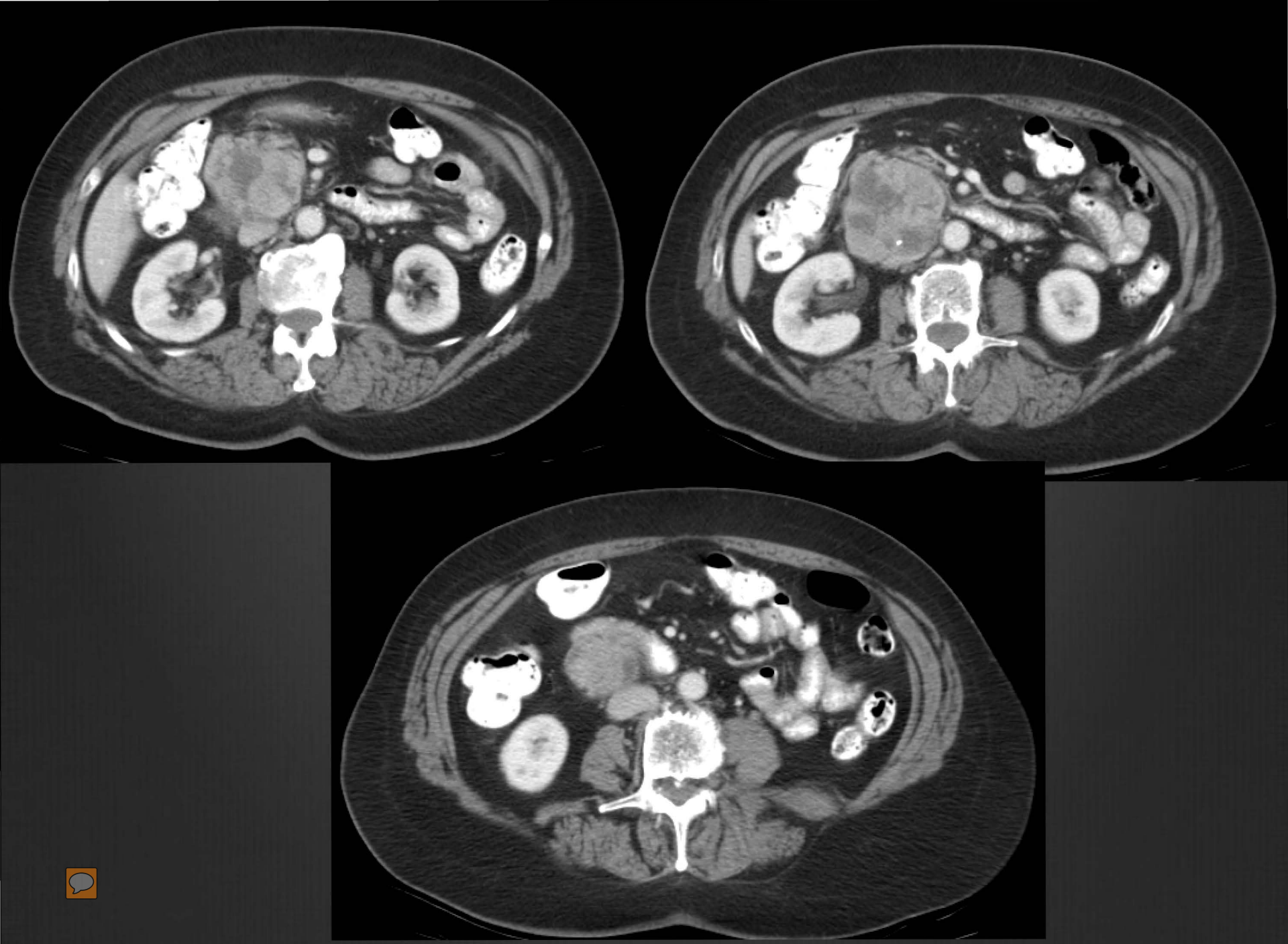
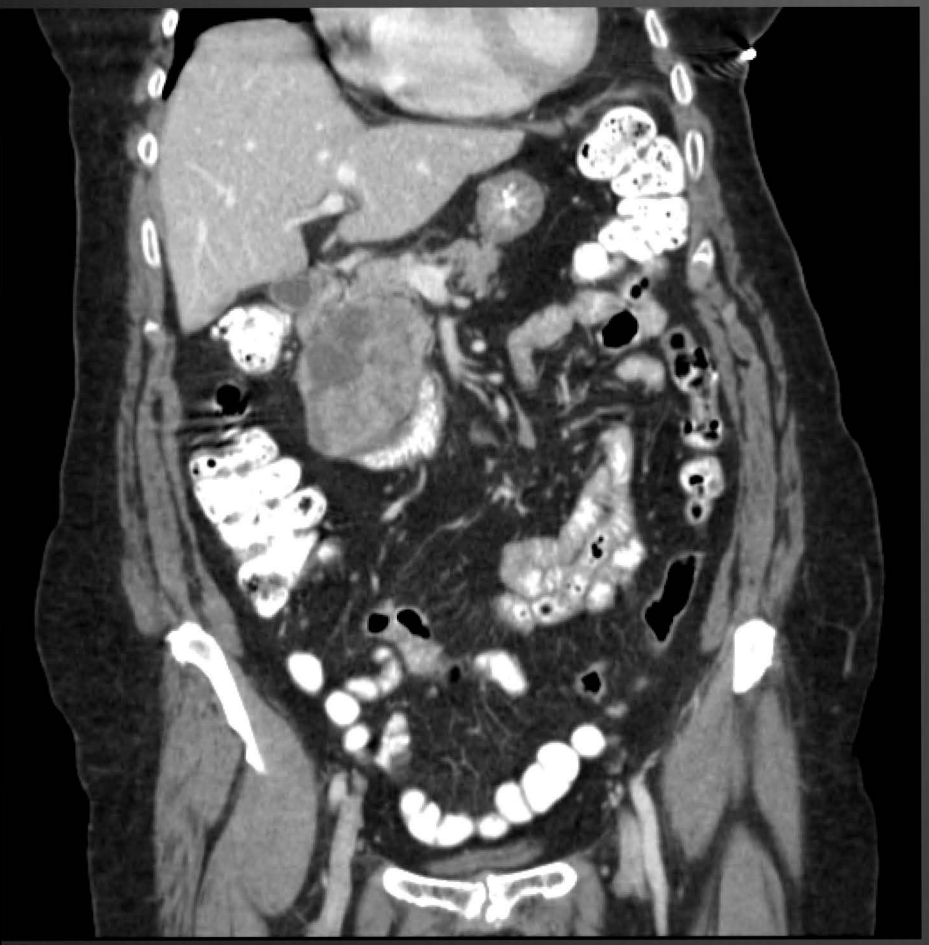
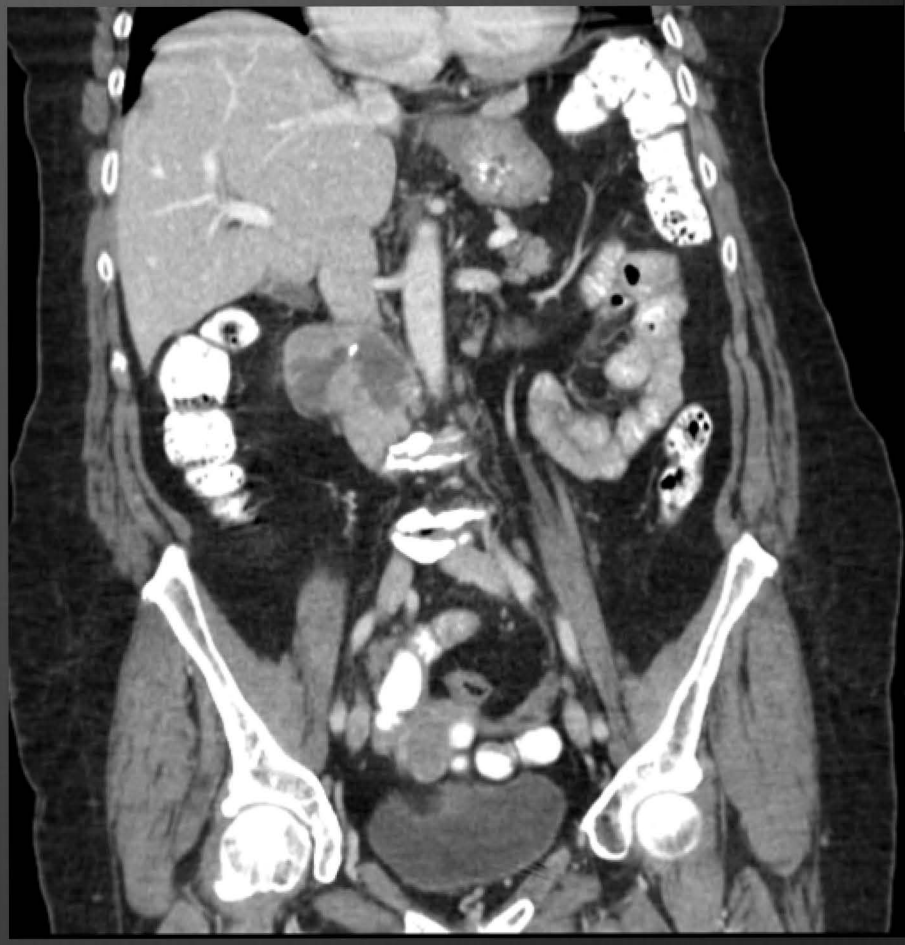
Case 1

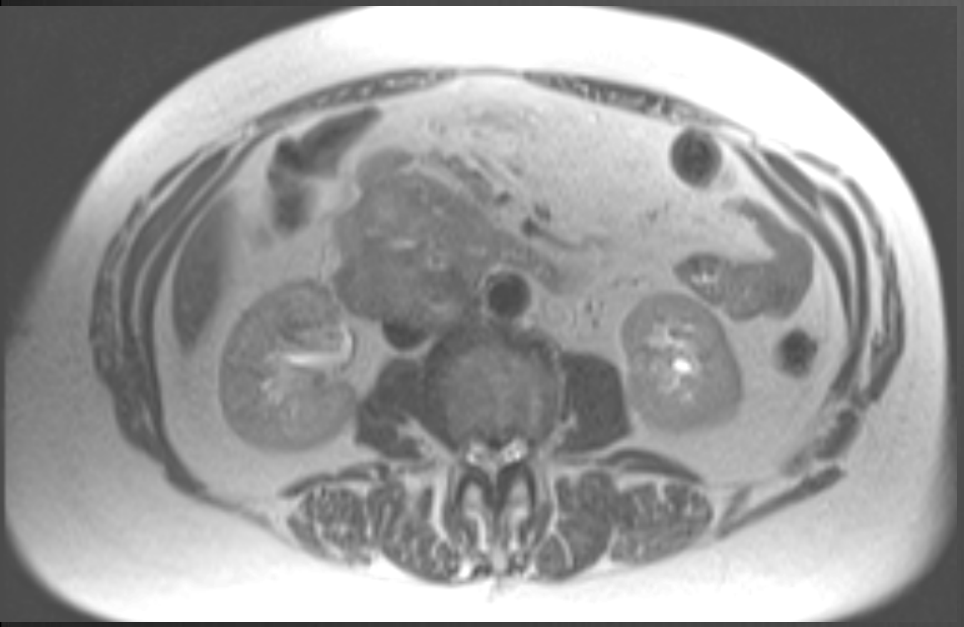
82 yo female with no significant PMH presents to OSH ED with episodic nausea and emesis.



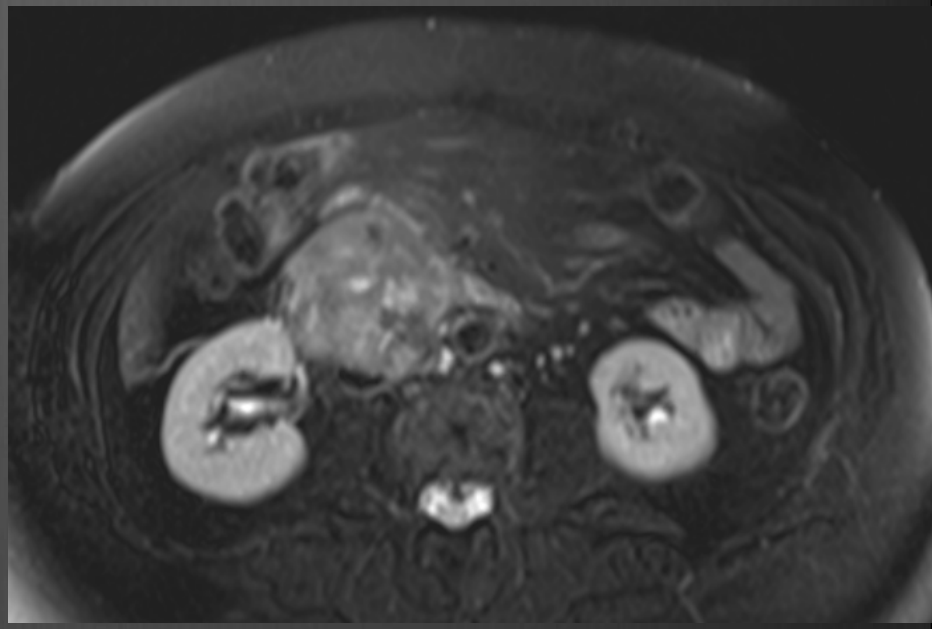




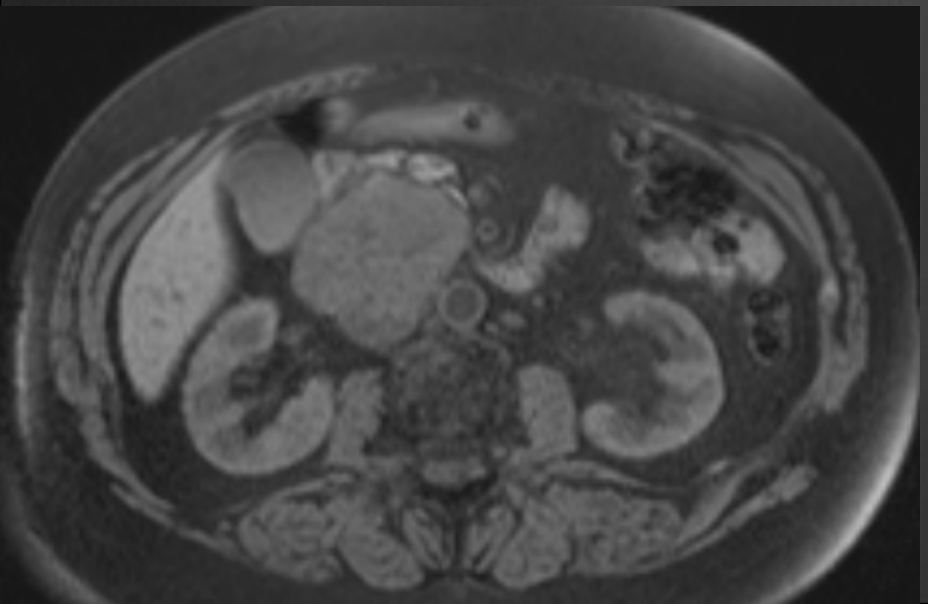
T2



T2 Fat Sat



T1 Fat Sat



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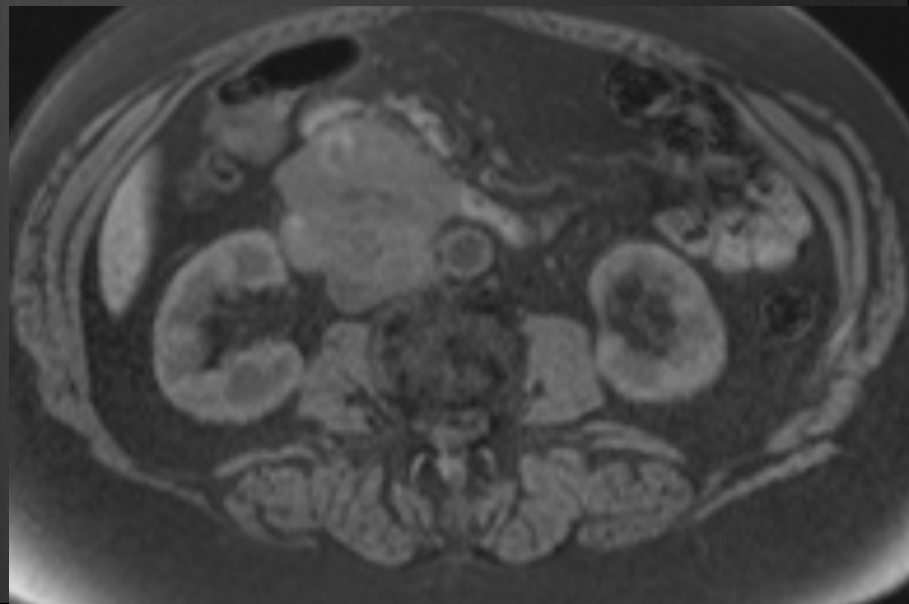


Imaging Findings Review

- CT:
  - Right-sided heterogeneous retroperitoneal mass with small area of calcification. No biliary or pancreatic ductal distention is seen. Unclear relationship to uncinate process and duodenum.

- MRCP:
  - Mass is contiguous with and compressing the IVC which is still patent. Local invasion cannot be excluded.

  - Heterogeneous with scattered small areas of increased T2 signal intensity

  - Demonstrates foci of restricted diffusion DWI (not shown)

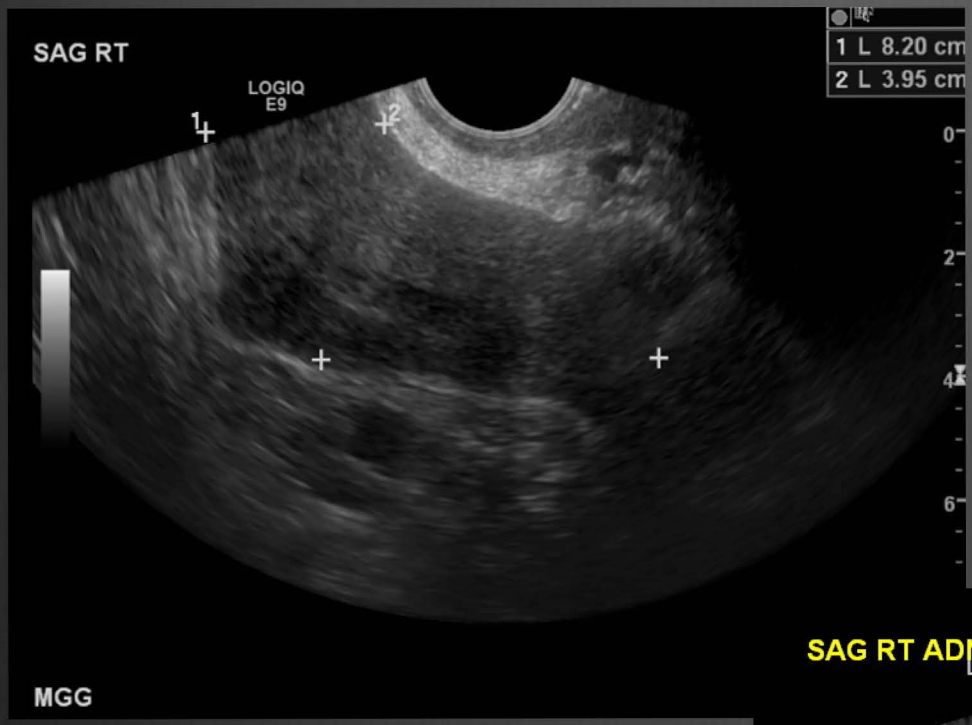
  - Incompletely evaluated without IV contrast

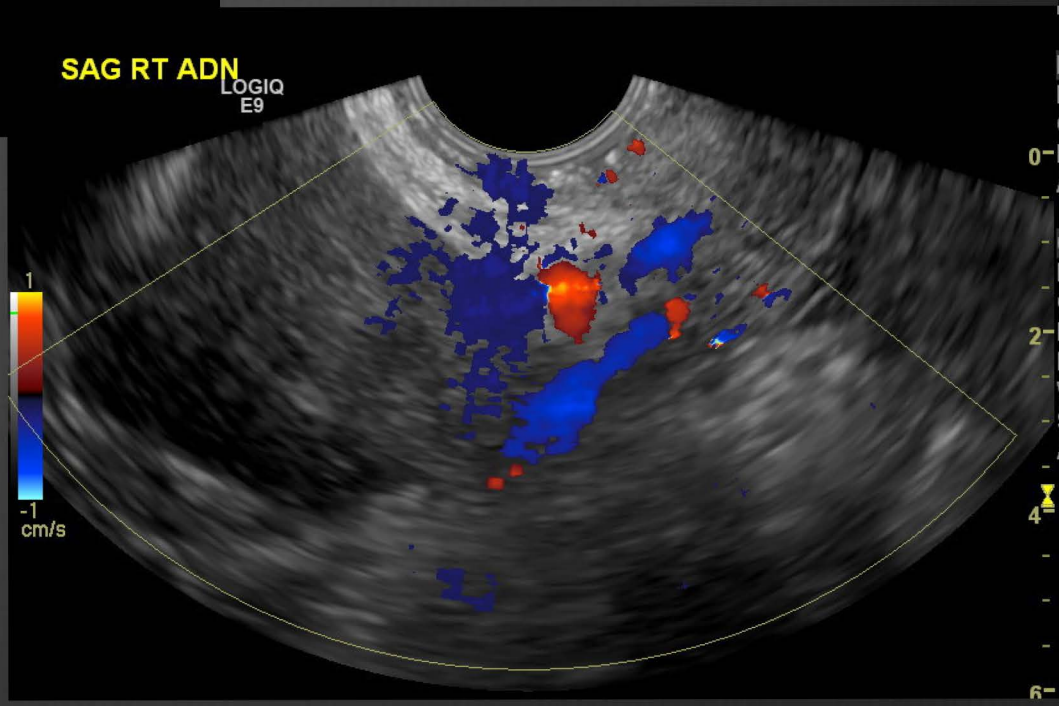
Differential Diagnosis

- Paraganglioma
- Lymphoma
- Leiomyosarcoma
- Leiomyoma

Case 2

62-year-old female with no significant PMH. On routine gynecologic exam, physician noted a pelvic mass.


SAG RT
LOGIQ
E9
1 L 8.20 cm
2 L 3.95 cm
0
2
4
6
MGG


SAG RT ADN
LOGIQ
E9
1
-1
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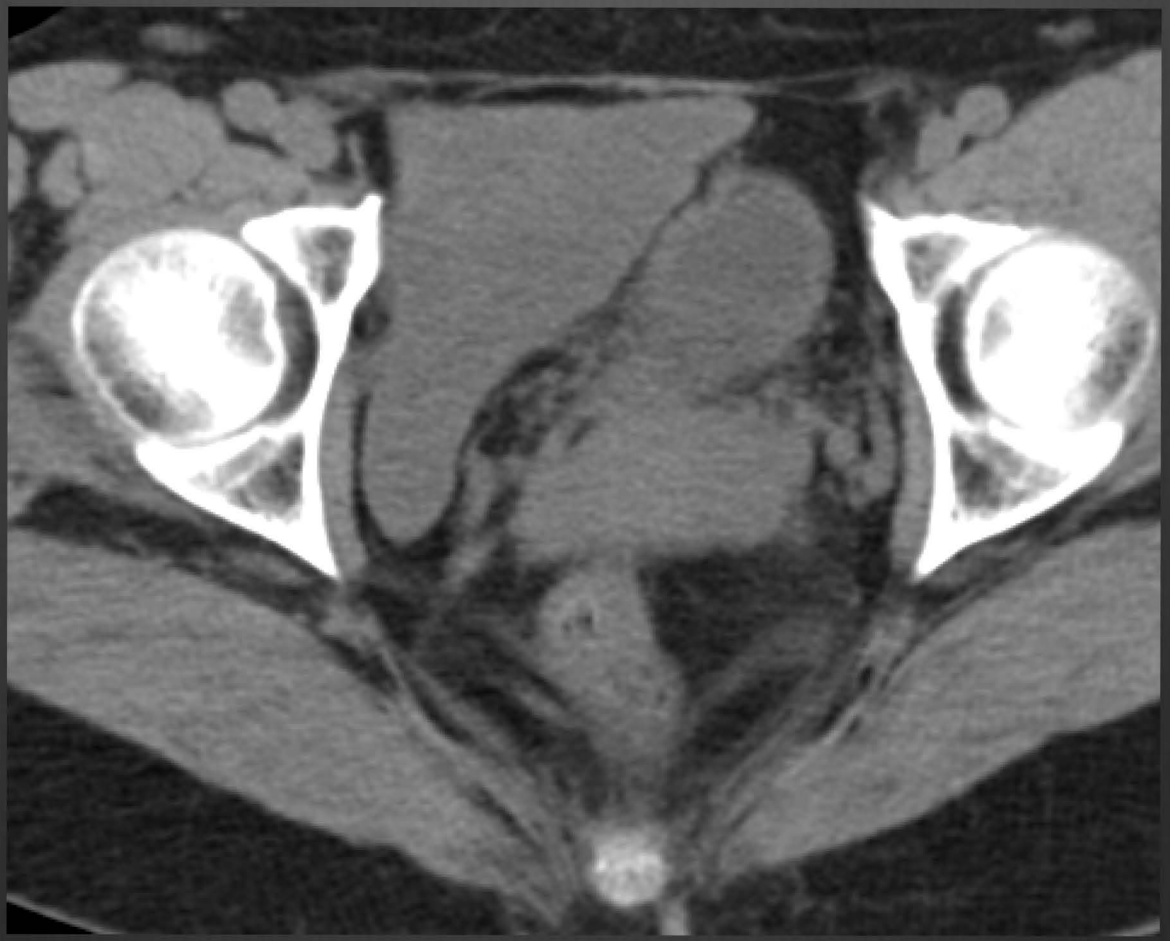

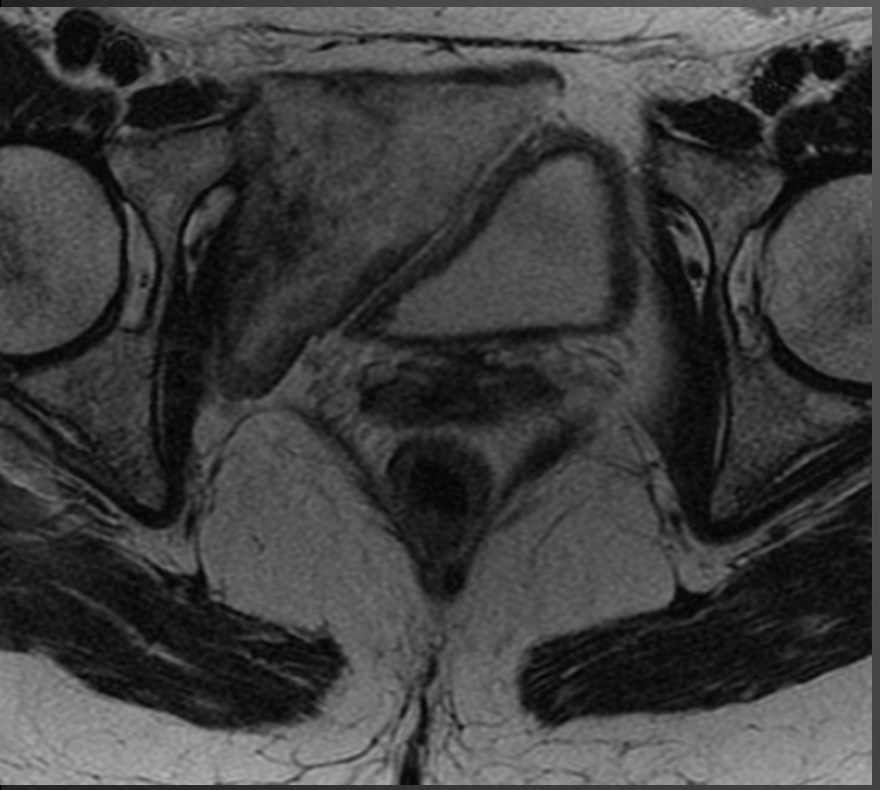

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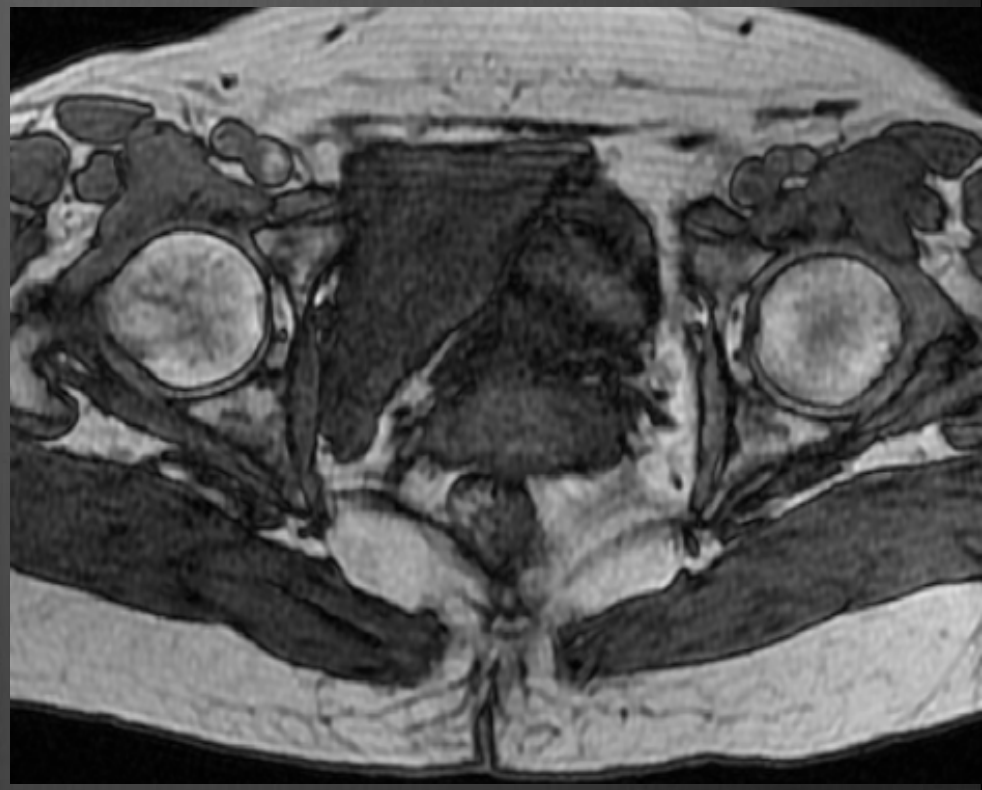
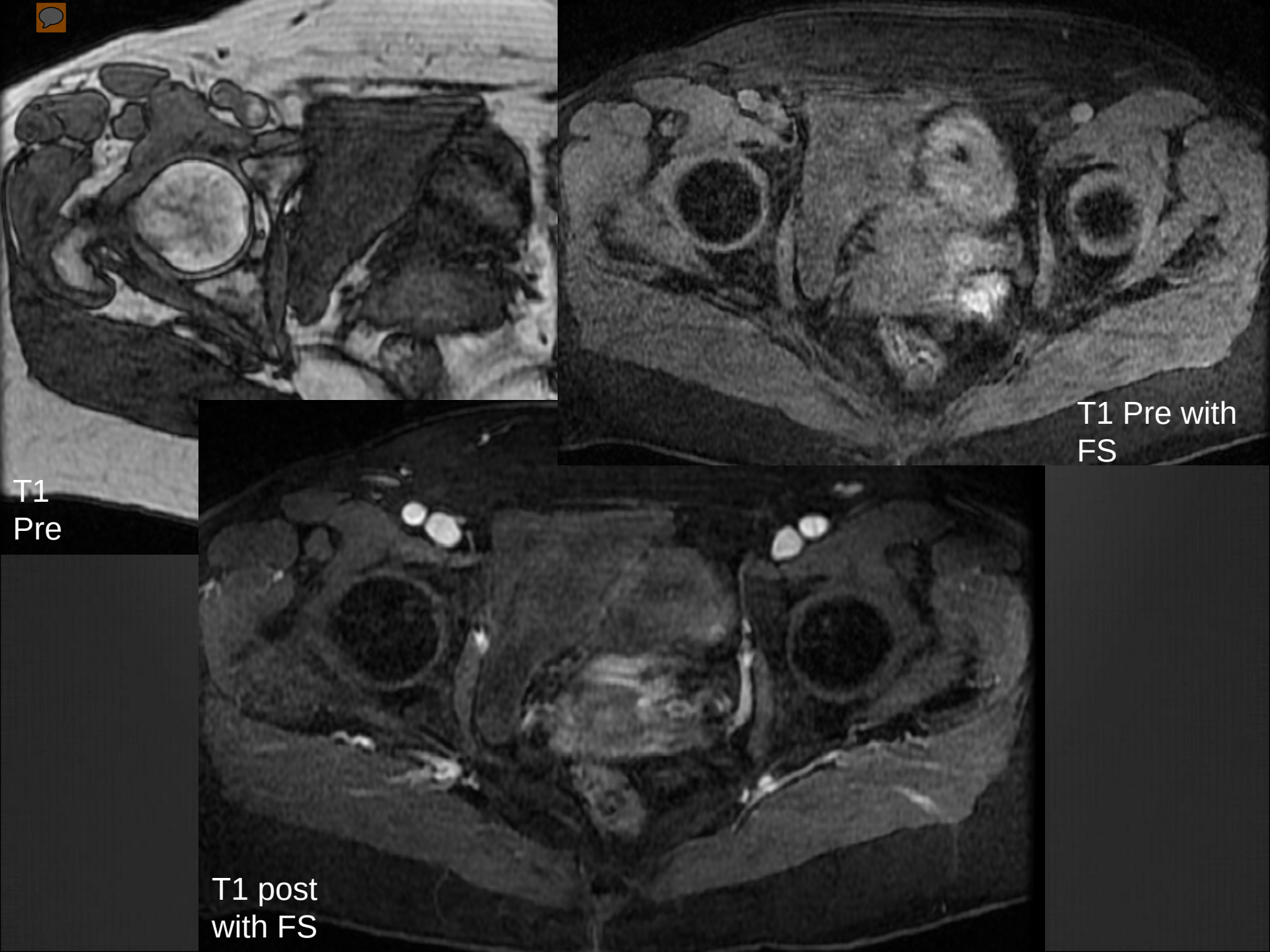


T1


T1
Pre
T1 Pre with
FS
T1 post
with FS

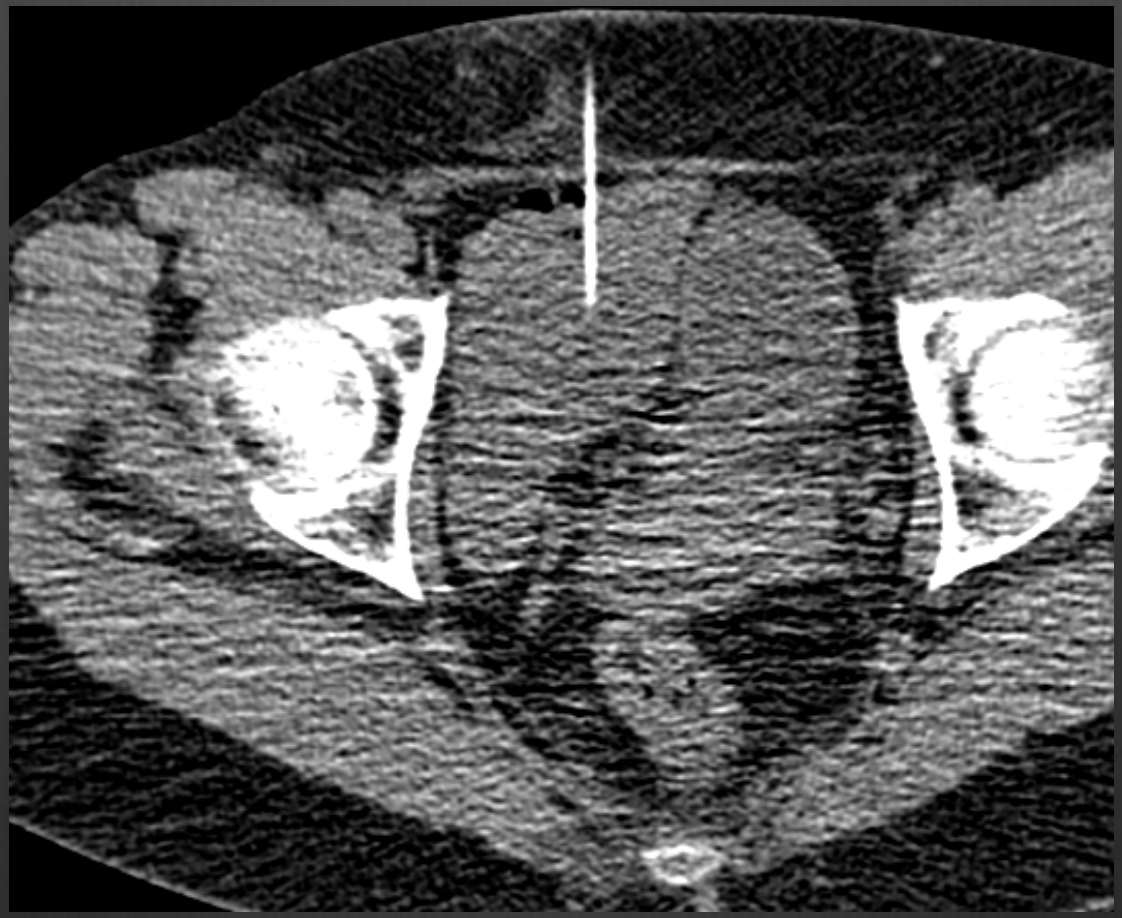
Imaging Findings Review

- Geometrically shaped masslike lesion identified; measures 8.1 x 8.1 x 6.9 cm
- Heterogeneous T2-weighted images. No cystic components.
- Hypointense on T1 without any evidence for hemorrhagic components. No demonstrable enhancement.
- Not attached to any of the pelvic organs. Displaces the urinary bladder.
- Inferior and posterior to the right ovary which appears otherwise unremarkable

Differential Diagnosis

- Leiomyoma
- Leiomyosarcoma
- Lymphoma
- Desmoid

TO BIOPSY



Inconclusive.

☹

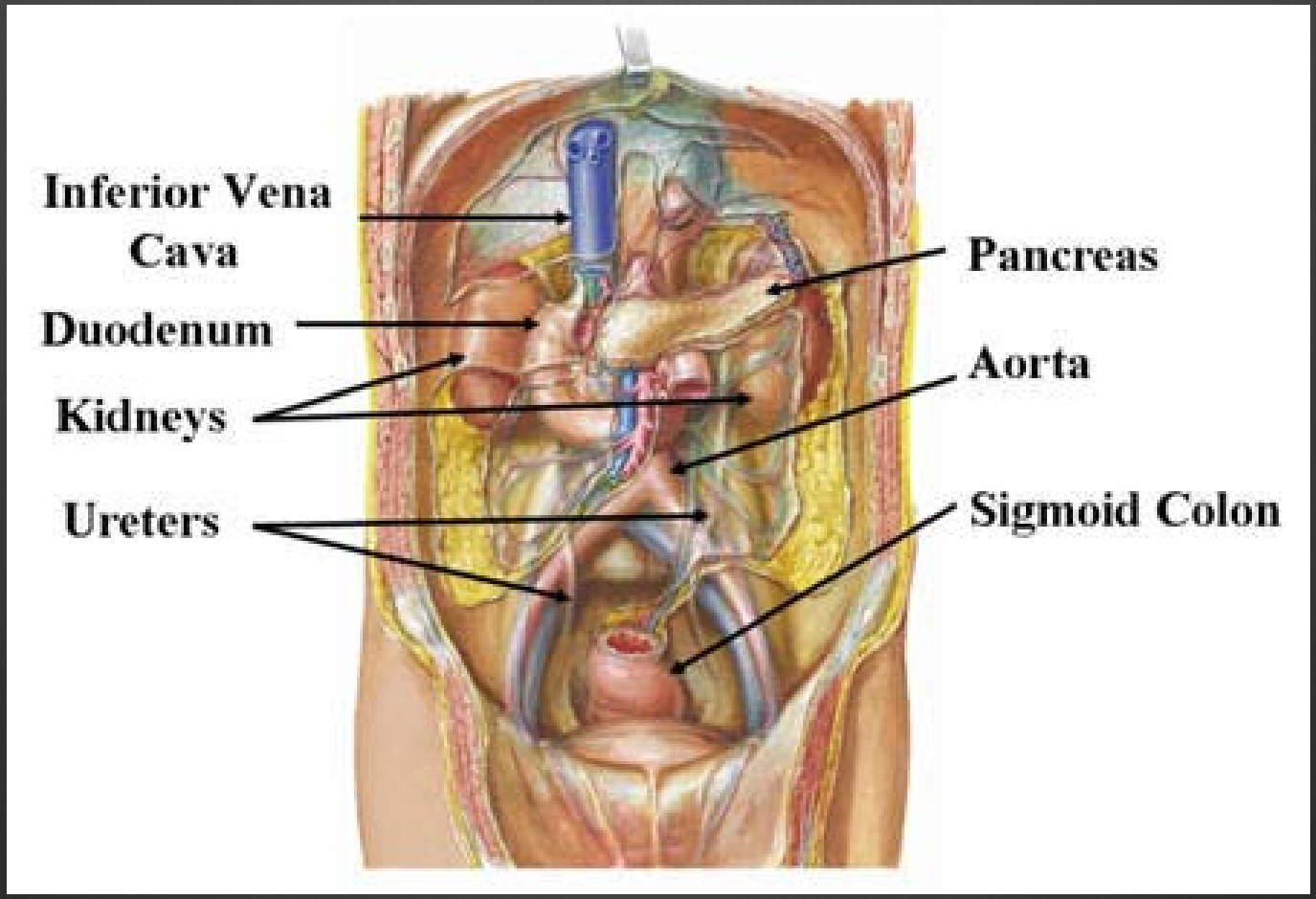
AND THUS TO THE OR

We sharply incised the peritoneum overlying it and exposed it. It was evident that this was a soft, malleable, encapsulated and somewhat thickened structure without obvious connections to adjacent structures…

Because I had never seen anything like this before and because I was not entirely sure what it was, I called Dr. X in Urology and Dr. Y from Surgical Oncology to come in and evaluate it….

Dr. Y was equally baffled but in retrospect claimed that he had seen one similar type of lesion, which had a relatively benign life expectancy…

Nevertheless, it seemed most appropriate to dissect as much of this out as we could and that was done bluntly peeling retroperitoneal tissue off it as it was retracted cephalad and medial. Eventually, it was completely freed.



Below the level of the kidneys, the anterior and posterior pararenal spaces merge to form the infrarenal retroperitoneal space, which communicates inferiorly with the prevesical space and extraperitoneal compartments of the pelvis

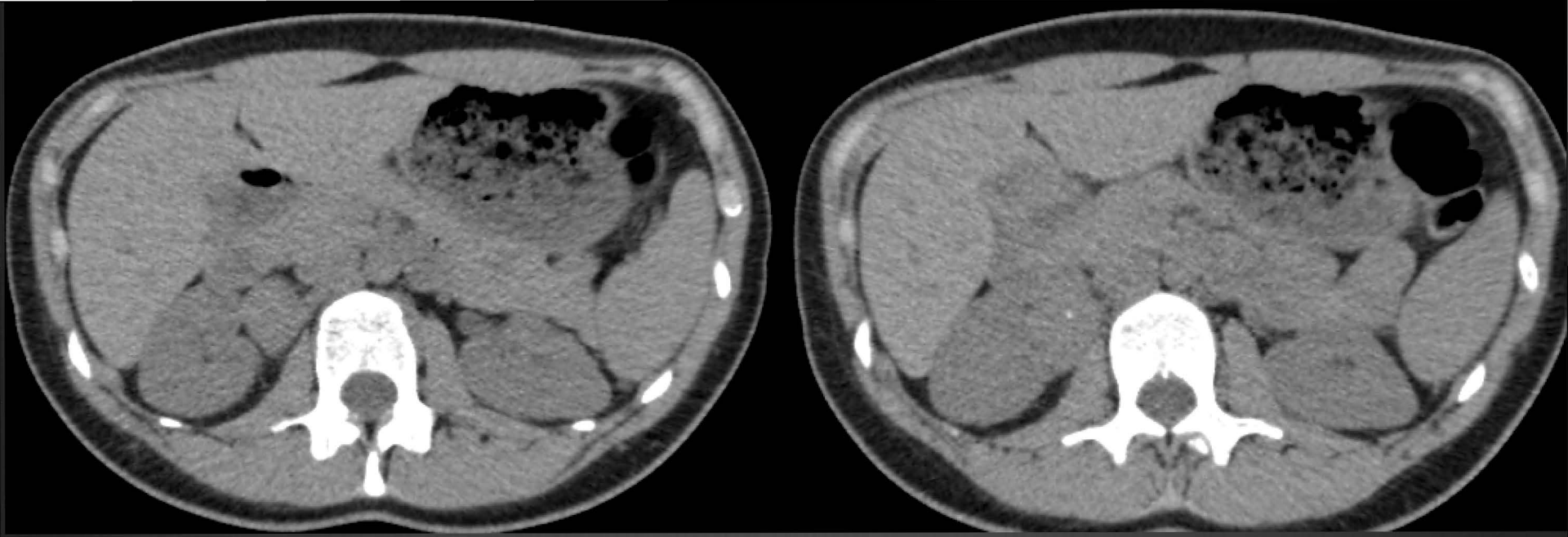
Case 3

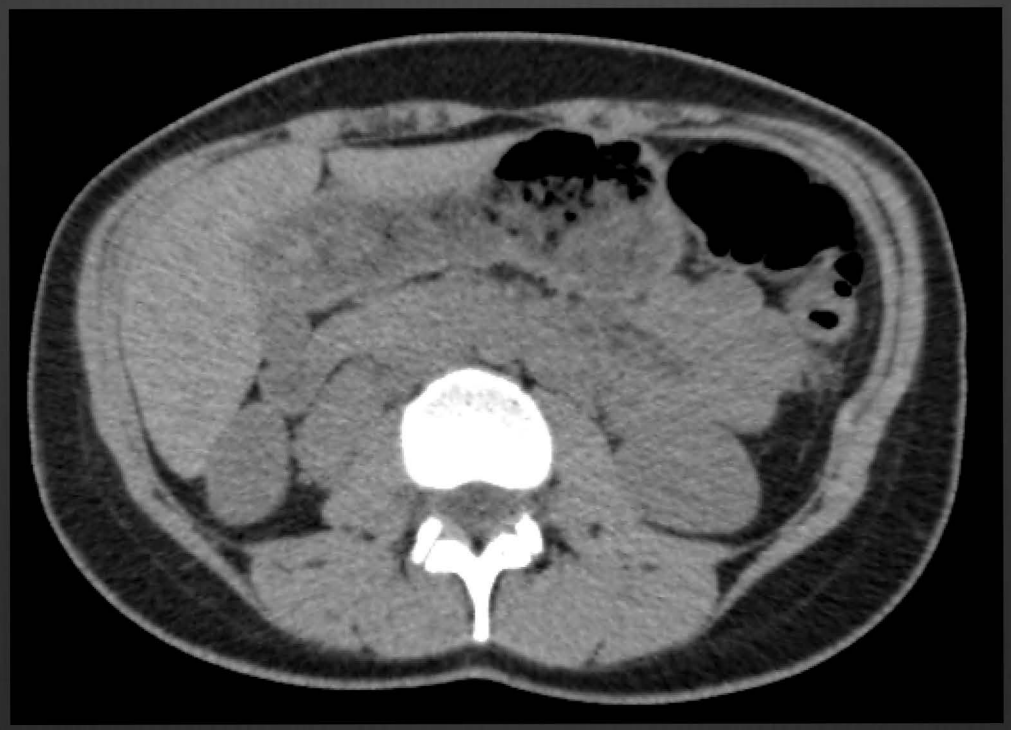
21yo female evaluated for episodic dyspnea found to have elevated calcium on BMP. Shortly after began to complain of constipation and polydipsia. Referred to Endocrine clinic. Inappropriately normal PTH.

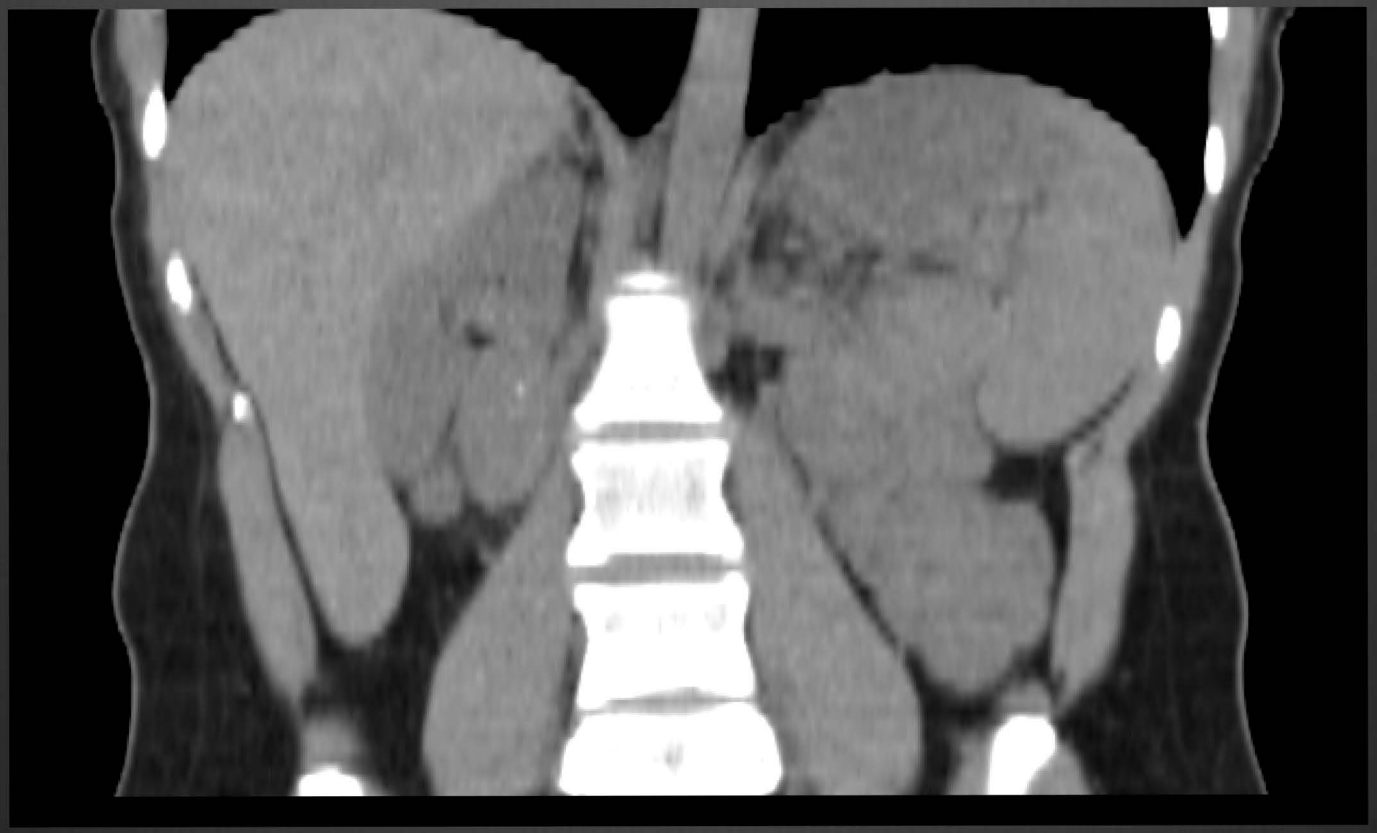
Father diagnosed with HPTH and undergoes surgical resection of adenoma

Patient begins experiencing palpitations and 'jitters'→ Suspicion for MEN 1
Parathyroid adenoma on U/S
Renal U/S ordered

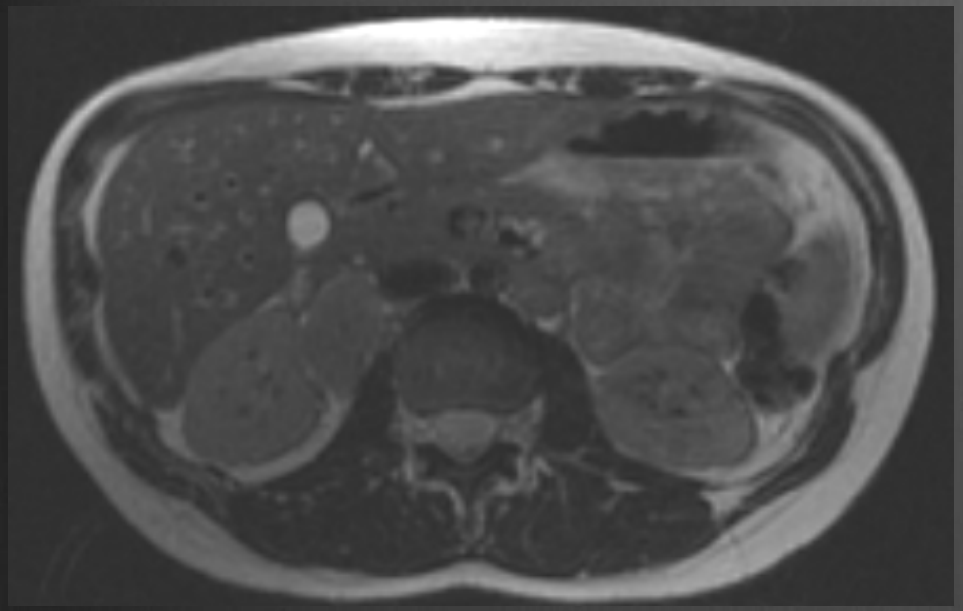
Cannot pull US imaged from web centricity, pending.

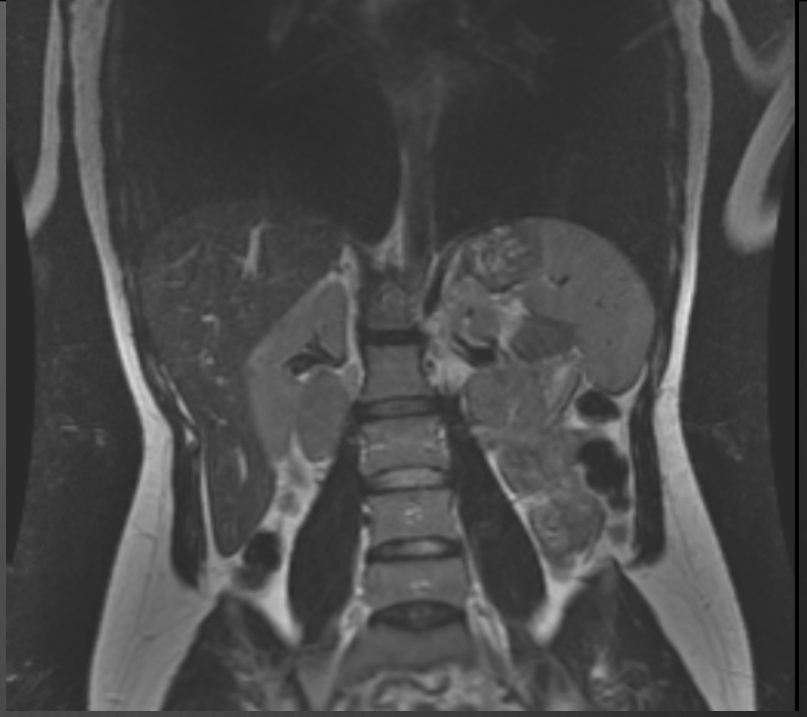


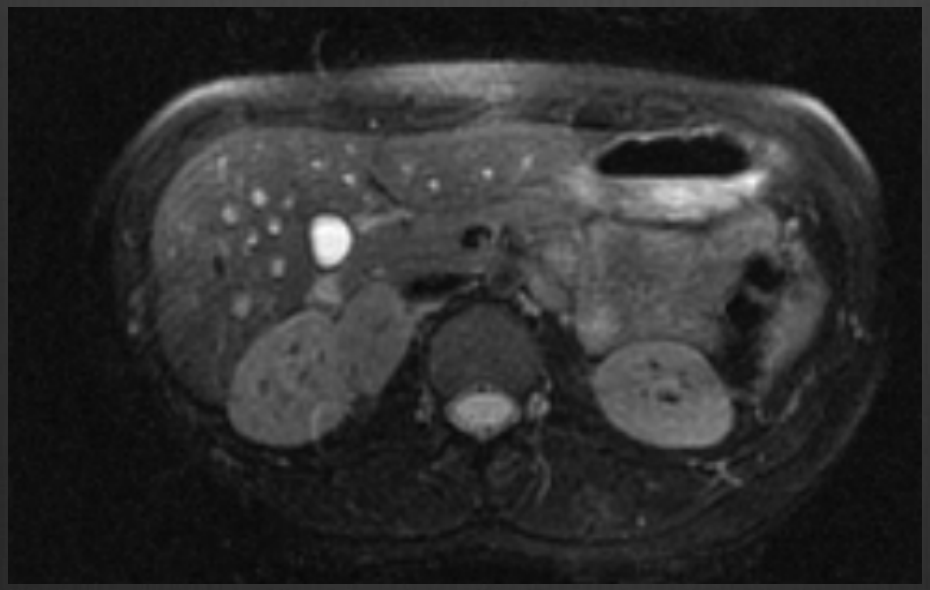




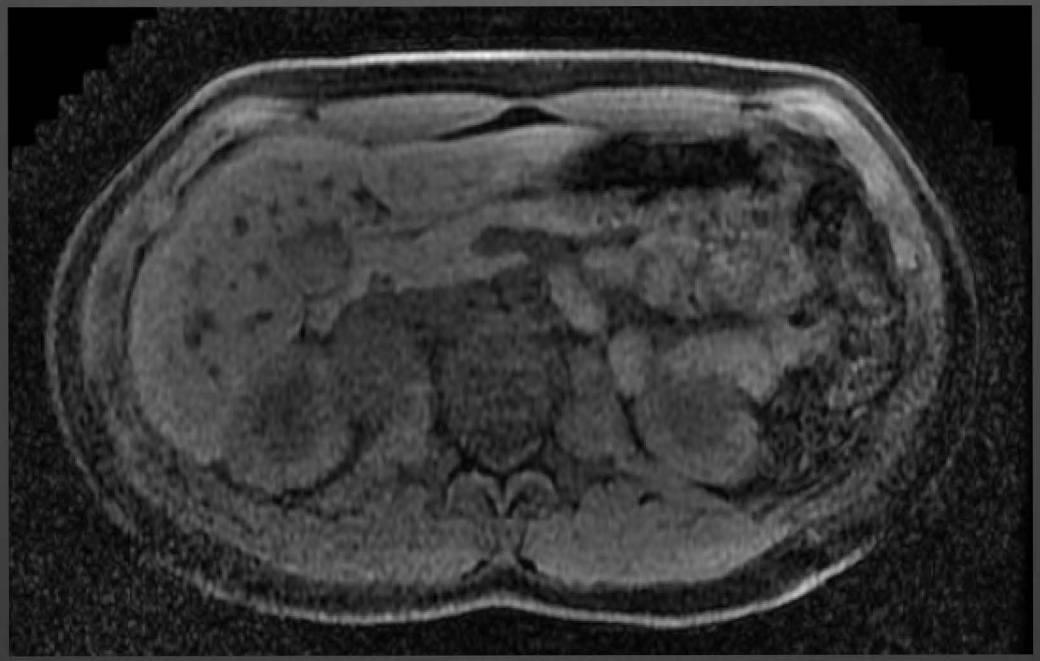
T2

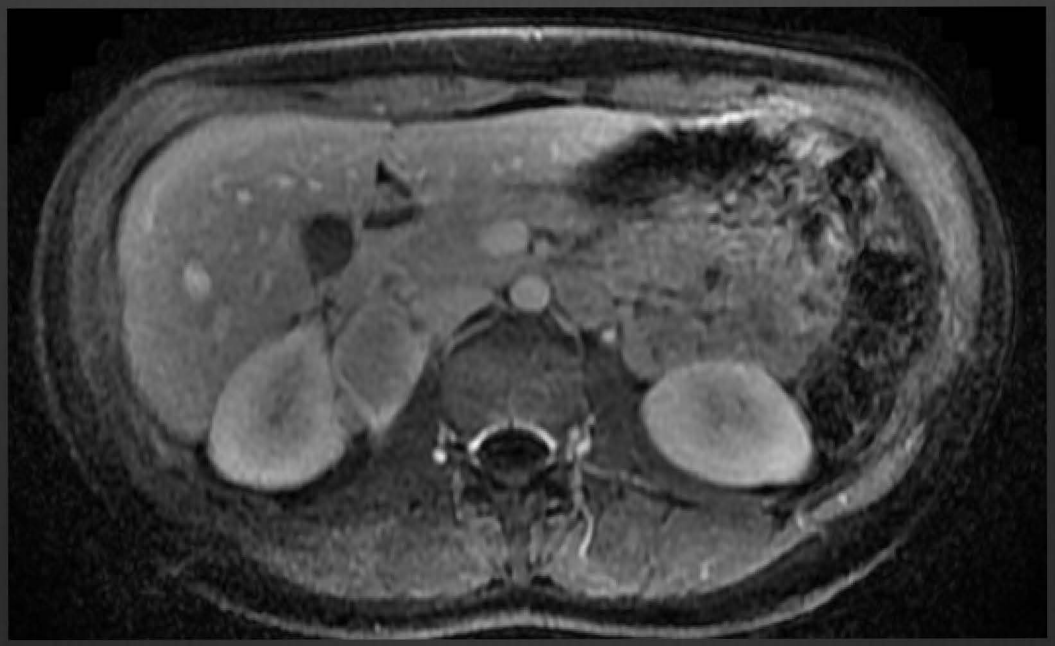






+ Fat Suppression





Imaging Findings Review

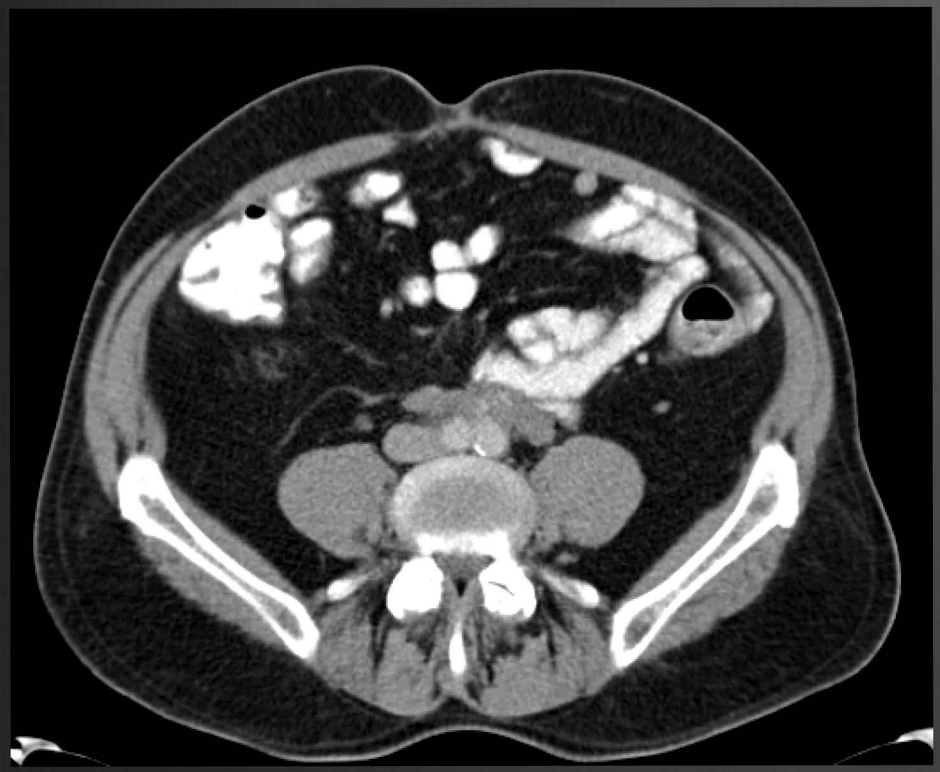
- 4.5 cm right retroperitoneal mass
  - Inferior to right renal vein
  - Separate from right kidney and psoas muscle
- Homogeneously enhancing
- Separate from the adjacent structures including the right kidney, adrenal gland, IVC, and psoas muscle

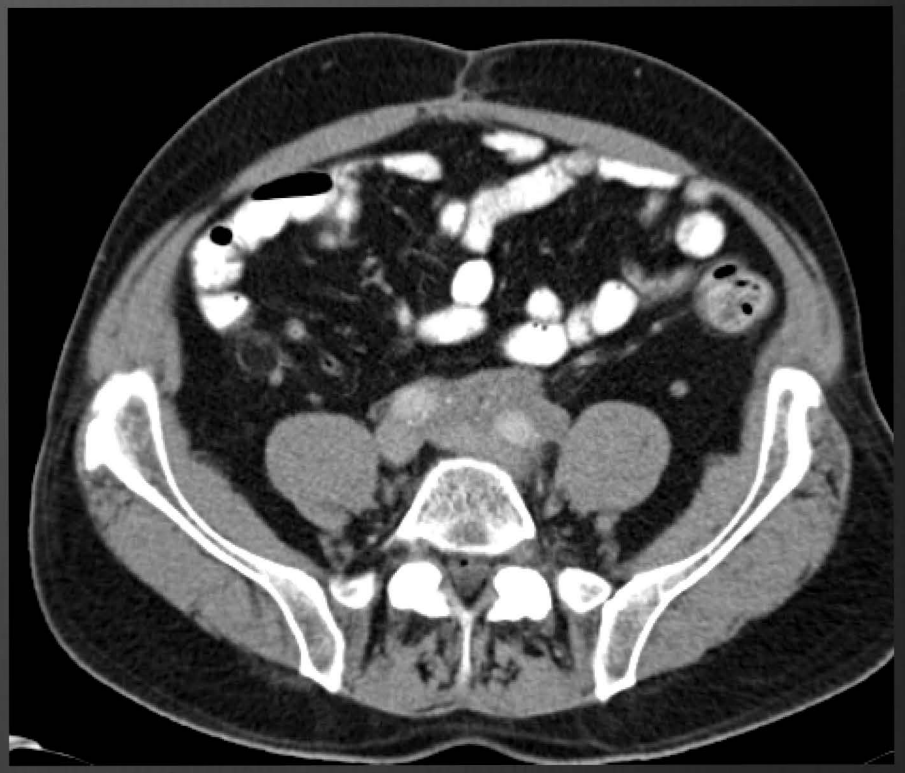
Differential Diagnosis

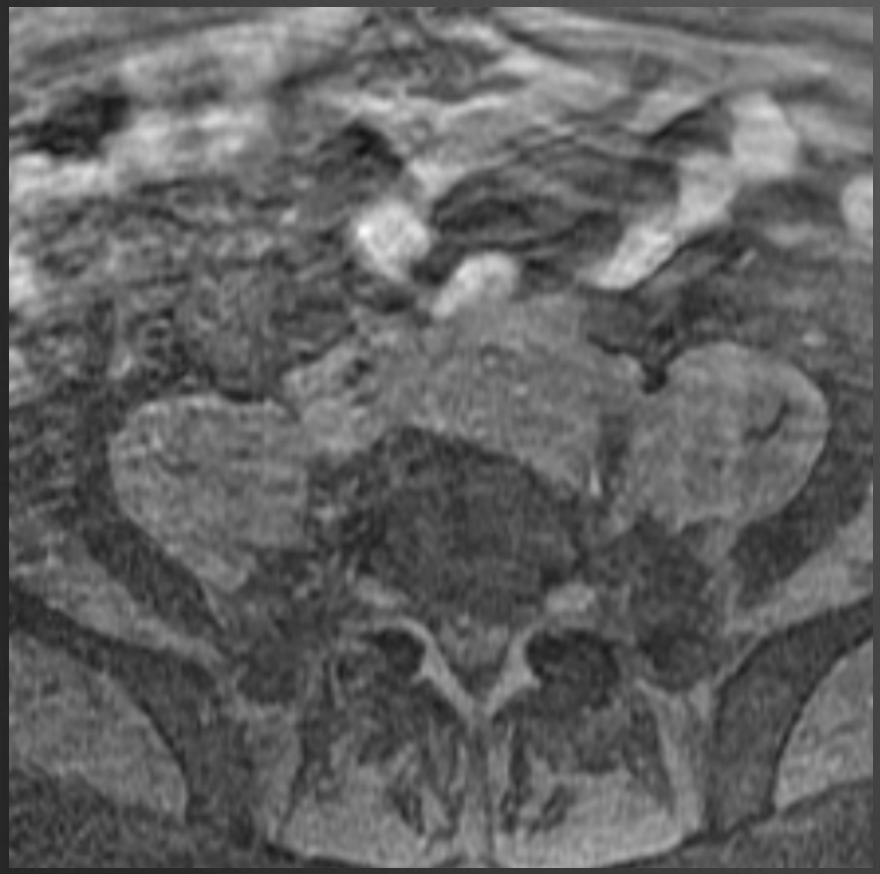
- Paraganglioma
- Lymphoma
- Castleman’s Disease

Case 4

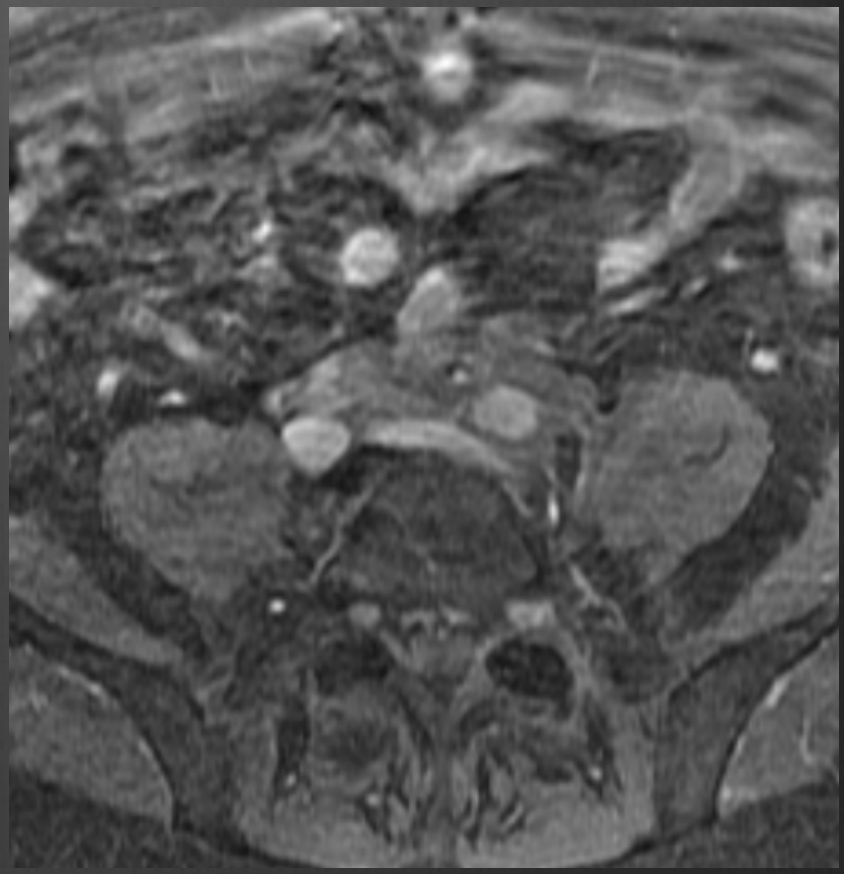
Medical history withheld.



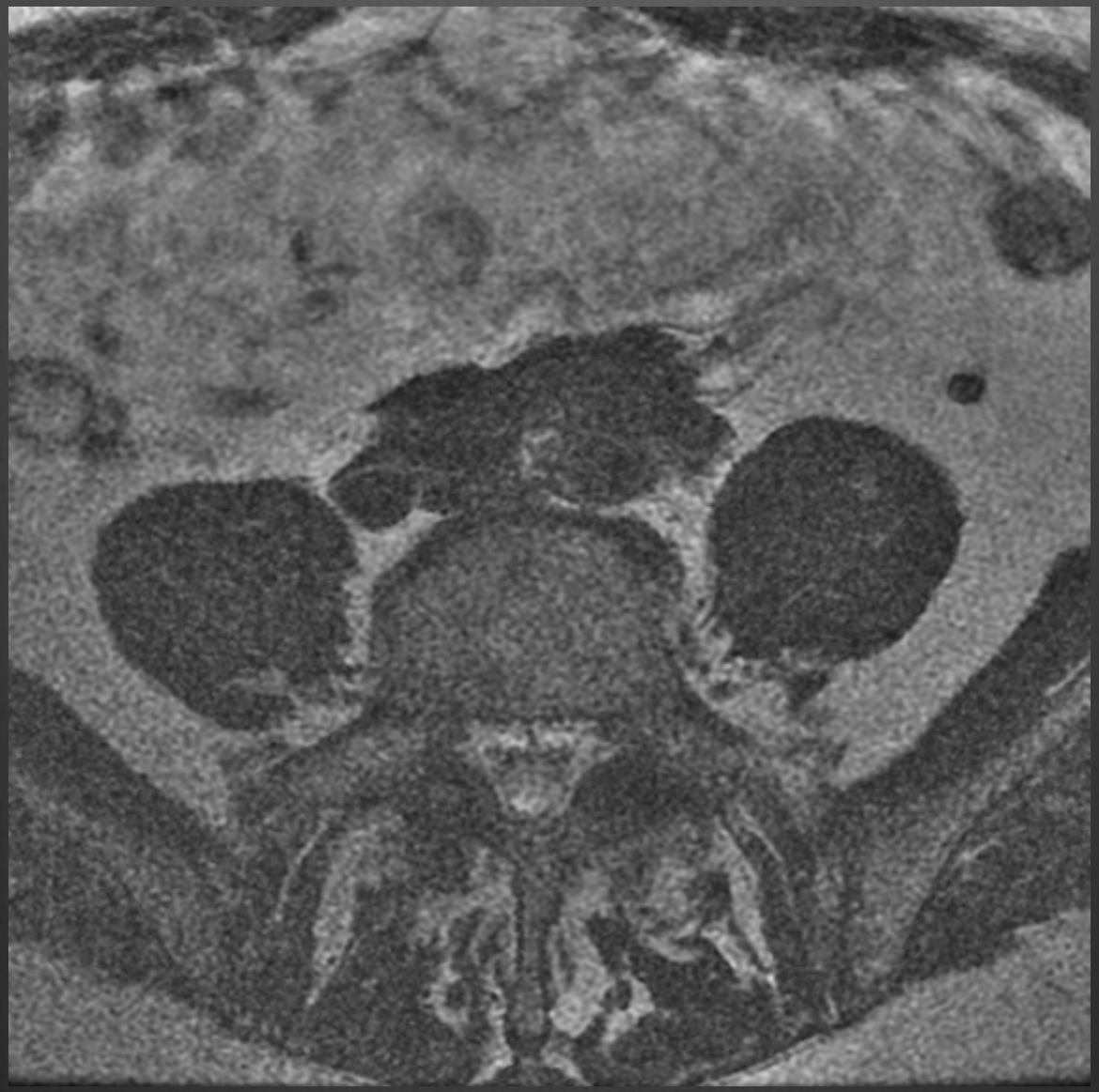




T1 Pre



T1 Post



T2

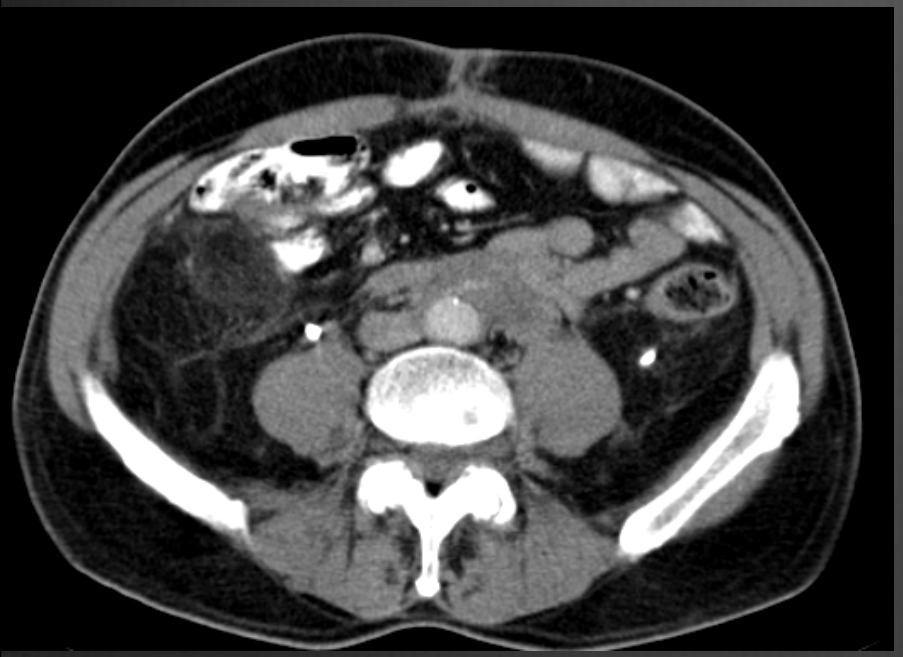
Imaging Findings Review

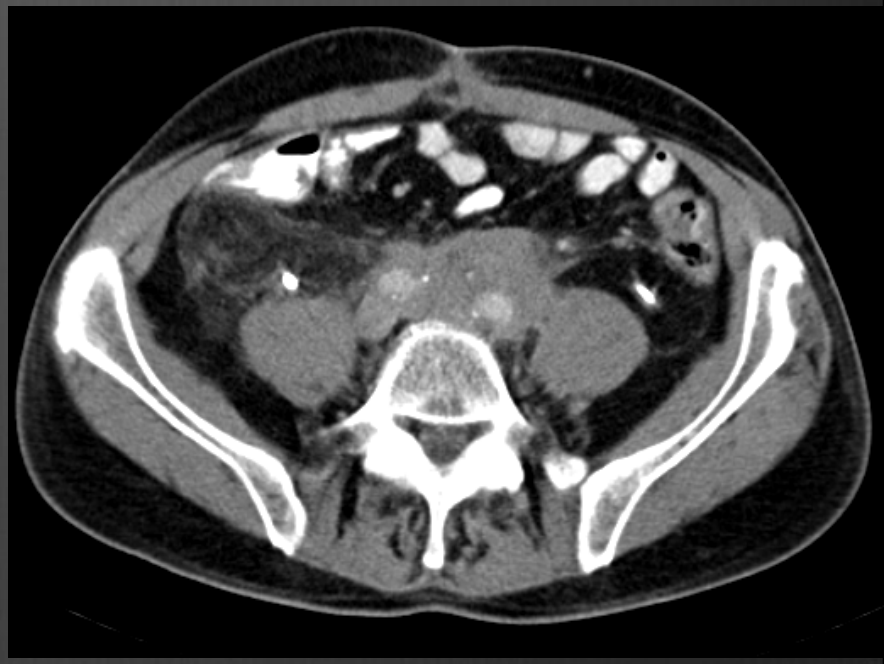
- Soft tissue surrounding the infrarenal abdominal aorta and proximal common iliac arteries
- T2 hypointense
- No enhancement

Differential Diagnosis

- Retroperitoneal fibrosis
- Lymphoma
- Metastatic adenopathy

TIME TRAVEL BACK GOOD OL’ 2003





What procedure did the patient have?

Thank You